										· Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10 7 2 19 40															
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			24		·			RATI	Ε	FEE		RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4			XS 9= 736		2)6	OR	X\$18=			
BND	EPENDENT C	5 m	5 minus 3 =		. 9		X43= 4		456	OR	X86=				
MULTIPLE DEPENDENT CLAIM PRESENT								+145	=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	561	OR	TOTAL			
1/3/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	LLE	NTITY	OR	OTHER SMALL			
NTA		CLAIMS REMAINING AFTER AMENDMENT		, HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 24	Minus	-0	14	• V		X\$ 9	-		ĄR	X\$18=			
VEN	Independent	• 5	Minus	***	5	= /		X43:		V	DR.	×86=	·		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+145		\nearrow	OR	+290=			
								101	A.		OR	TOTAL ADDIT, FEE			
		(Column 4)		(Colui	mn 2)	(Column 3)		ADDIT. F	tt L		•	ADOII. FCC			
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.24	Minus	- 2	4	-		X\$ 9	-		OR	X\$18=			
	Independent	. 5	Minus		ડ			X43=			ŌR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	.		OR	+290=			
	•			•			. '	TOT ADDIT, F			OR	TOTAL ADDIT. FEE			
	•	(Column 1)		(Colu		(Column 3)						•			
AMENDIMENT C	\ i	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	euniM	**		3		X\$ 9=	-		OR	X\$18=			
	Independent	•	Minus			=		X43=	1	0	OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445	1			+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is 1 se than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.															
OB)	PTO-975 (Rev. 1	0/03)					Pa	ers and Tr	adem	on Office. V	S. DE	PARTMENT OF	COMMERCE		